

Surveillance & Screening: Classification of Terms

Surveillance

- Routine elicitation of family/patient concerns about development, behavior, or learning
- Generally accomplished by conversation and observation

Primary Screening

- Formal screening done with the **total** population to identify those who are at risk
 - Examples: ASQ-3, PEDS, SWYC, PSC, SDQ, Bright Futures Adolescent Supplemental, RAAPS, and HEADSSS
 - These are tools with validation and cutoff scores, except the adolescent screens that are formal surveillance tools

Social-emotional Screening

- More specific screening done when risk is identified on a primary screen
 - Examples: ASQ:SE-2, BPSC, PPSC, SCARED, CDI, CES-DC, PHQ-9, Modified for Adolescents, Vanderbilt, Conners
- Note that a specific screen may be used as a primary screen if there is known risk in a given population
 - Examples: PHQ-9 Modified for Adolescents, CRAFFT

Evaluation/Assessment

- Goes beyond screening to ascertain diagnosis and develop recommendations for intervention or treatment
- This is generally not done by the primary care medical home, unless co-located or integrated professionals are in the practice
 - For example, evaluation is done at the CDSA, in the schools, or by a developmental & behavioral pediatrician, a psychologist, a psychiatrist, a geneticist, etc.

Role of the Medical Home

- Develop a reliable system for integration of surveillance, screening, referral, follow-up, and linkage to resources into the office workflow
- Develop relationships with specialists & community agencies to include standardized referral and feedback processes
- Follow criteria for referral after a positive screen
 - There is **no rationale** for a “wait and see” approach as it delays early intervention

Billing, Coding & Payment

If these codes are used at a Well Visit, you must add EP modifier

- **96110**: Can code two per visit if both a general developmental screen and an autism screen are done
 - Examples: ASQ-3, PEDS, MCHAT-R/F

Billing, Coding & Payment (*continued*)

- **96160:** Can code two per visit if another health risk assessment is done
 - Examples: Bright Futures Adolescent Supplemental Questionnaire, RAAPS, HEADSSS
- **96127:** Can code two per visit
 - Examples: ASQ:SE-2, BPSC, PPSC, PSC, SCARED, CDI, CES-DEC, PHQ-9 Modified for Adolescents, Vanderbilt, Conners
- **99408:** Code pays only if screen is positive & counseling is documented from 3-15 minutes
 - May be reported in addition to E/M or Health Check
 - Examples: CRAFFT for Substance Use

AAP's Table of Tools for Primary and Secondary Screening

- Available here: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Pages/Primary-Care-Tools.aspx>